



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## \*BIBDATASHEET\*

CONFIRMATION NO. 9491

Bib Data Sheet

|                             |                                       |              |                        |                                |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------|
| SERIAL NUMBER<br>10/630,157 | FILING DATE<br>07/30/2003<br><br>RULE | CLASS<br>433 | GROUP ART UNIT<br>3732 | ATTORNEY<br>DOCKET NO.<br>7407 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------|

APPLICANTS

Virginia Monsul Barnes, Annandale, NJ;  
 Tao Xu, East Brunswick, NJ;

\*\* CONTINUING DATA ..... *none c.w*

\*\* FOREIGN APPLICATIONS ..... *none c.w*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 10/24/2003

|  |  |                           |                        |                       |                            |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions<br>met<br>Verified and<br>Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><i>Cary O'Connor</i><br>Examiner's Signature Initials | STATE OR<br>COUNTRY<br>NJ | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>16 | INDEPENDENT<br>CLAIMS<br>2 |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS  
 23909  
 COLGATE-PALMOLIVE COMPANY  
 909 RIVER ROAD  
 PISCATAWAY, NJ  
 08855

TITLE  
 Dental instrument

|                               |   |   |
|-------------------------------|---|---|
| FILING FEE<br>RECEIVED<br>750 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-------------------------------|---|---|